Chapter 13
Research in the Strategy of Healthy Communities in Mexico: Learning for the Transformation of Practices Against Social Determinants of Health

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Introduction

At the first World Conference on social determinants of health (SDH), convened by the World Health Organization (WHO) in Rio de Janeiro, Brazil, in 2011, member countries were committed to respond to five key areas that would involve the design, implementation, and evaluation of public policies, including governance, promotion of community participation, alignment of priorities and actors, and monitoring of progress (Balladelli et al. 2012).

Also in 2011, in the region of the Americas, the directive council of the Pan American Health Organization (PAHO) designed solid policy tools to promote specific work plans vis-à-vis the SDH, approved by member states, emboldening the countries to ensure they have the tools they need to bridge the inequality gap, strengthen and expand networks in the region, and monitor and evaluate actions (collection and greater breakdown of data) (Balladelli et al. 2012).

In the execution of actions with a focus on SDH and sustainable development, the processes of health promotion, within the framework of primary health care, are recognized and repositioned as the key strategy of action of governments needing to develop and strengthen technical and intersectoral cooperation in order to design, implement, and, above all, evaluate public policies that seek to create healthy environments, promote social mobilization, and guide health services from an equity perspective, an assessment that allows for the construction of knowledge and reflects the faces of the sociocultural context in which it develops (OMS, OPS 2013; Martínez 2014).

In Mexico, the federal government in recent years has generated and intensified actions that address the SDH in different areas of the country, transforming its social

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and political agendas and, above all, the role of the state in unveiling an increasing commitment to equity and social justice, actions that are difficult to implement in light of the deep socioeconomic inequalities prevailing in the Latin American region: low- and middle-income countries facing a critical health situation combined with reversed progress of neoliberal globalization (Franco 2011; Frenz and Titelman 2013).

Since 1995, one of these actions has been the Healthy Municipalities strategy, a program with health promotion activities at the municipal level involving the participation of the community. In 2001, this program was strengthened, even changing its name to the Healthy Communities program, a change that was influenced by events in developed countries with the "Healthy Cities" initiative promoted by World Health Organization and in Latin America, in developing countries, through PAHO, the Healthy Municipalities and Communities movement (Gobierno Federal 2014).

The Healthy Communities program was launched to address the public health challenges faced by the most vulnerable populations in Mexico, aiming to generate and strengthen health promotion in and from the country's municipalities, with the participation of different sectors (public, private, and social), through actions that position the municipality as the most appropriate level to carry out the integral work of health promotion, against the social determinants of health identified at the local level (Ander 2003).

The program's main objectives are to generate basic sanitation and services, preserve the environment, promote hygiene and cleanliness, encourage healthy behaviors and lifestyles, seek equity, and establish health services to meet the remaining needs of prevention, treatment, and rehabilitation. The importance of community participation in the generation of alliances with existing groups in the community and with the population is emphasized, which will make it possible to work in an organized way to achieve together better health conditions.

However, in the Health Secretariat of Jalisco, Mexico, the Healthy Communities program has been implemented for more than 15 years, but in all this time, there has been no clarity on the mechanisms making it possible to identify the impact of actions since it has only focused on the evaluation of process indicators, noting the actions carried out, but not the effectiveness and sustainability of the process of health promotion at the municipal level with respect to SDH.

Because of the Health Secretariat of Jalisco's interest in the generation of knowledge derived from the processes of the Healthy Communities program, in 2013 the Department of Research of this same institution participated in efforts to incorporate the scientific method into a project of this program. These efforts involved the project's design, implementation, monitoring, evaluation, and sustainability. It was an experience that needs to be reflected and shared so that it can be applied to improve and transform our own practices in health promotion with respect to the SDH.

Description of methodological component within Healthy Communities program project: To identify the scope and limitations of the lessons learned as derived from

systematization work, this section describes two aspects in general: (1) methodological moments of the Healthy Communities project and (2) methodological aspects for the systematization of the experience.

Methodological Moments of the Healthy Communities Project

Origin: The experience began in May 2013, when the area director of a rural health unit requested that the research department incorporate the scientific method into a project of Healthy Communities to be carried out in a rural locality of Jalisco, Mexico, assuming that, based on this experience, it would be necessary to have evidence of the scope of these intervention projects, which he had been doing for 10 years in other localities. Based on this request, a health educator and a field epidemiologist were formed into a research team, and, together with the area director, they analyzed the proposal of the Healthy Communities project and designed a research protocol.

Considering the subject of study, the objectives of the Healthy Communities intervention project ("Reverse malnutrition, overweight, and obesity, as well as eating disorders, in the population") and the elements of the rural context, the research team decided to use a critical and dialectical methodology, participatory action research (PAR), as a systematic circular process and with a focus on primary healthcare, which would allow actions to be taken that would promote health and educate people about health, such as mechanisms to deal with the socio-cultural, economic and geographical factors that generate malnutrition in the locality (Jara 1998).

The idea of carrying out applied research rather than traditional scientific research was considered since the goal was to document the meaning, effectiveness, and sustainability of three actions proposed by the Healthy Communities project to be developed in cooperation with the population: (a) physical activity, (b) training for adequate feeding, and (c) healthy cooking, integrating throughout the entire process ten methodological moments that considered both quantitative and qualitative techniques (Table 13.1)

The consolidation and implementation of the ten moments was from January 2014 to December 2016, which did not necessarily follow a rigid linear scheme, but were configured in response to the nature and meaning of the participatory process, which involved actors from different sectors and communities in decision making; this allowed them to guide the process, make a critical assessment of their living conditions, a search for the causes of their problems and the generation of concrete and viable strategies, which were concretized in the work agendas with a continuous reflection on the praxis, making the process more and more emancipatory and transforming of the context.

Table 13.1 Methodological moments of PAR process

No.	Methodological moment	Description
1	Knowledge and outreach to community	Walking and vehicle tours to identify actors, ideological factors, ways of local organization, and epidemiological characterization of population
2	Generation of primary group	Reflective dialogical work with community and institutional leaders to identify and reflect the population's problems, the objectives of the Healthy Communities project, and the identification of ways to participate to reach objectives
3	Generation of work commissions to achieve "social mobilization"	Work in community participatory tables between primary group and other municipal government and health authorities, under a conceptual model of action-reflection, generating work agendas to achieve objectives set by project
4	Understanding of beliefs and knowledge	Qualitative work (natural groups, individual interviews, and ethnographic observation) to understand beliefs and knowledge of population against social determinants of food
5	Socialization of the strategy to the whole community through community assemblies	Development of community assemblies by primary group to socialize strategy with entire population and facilitate social mobilization for activation of work agendas
6	Baseline measurement of variables of interest for study	Application of quantitative instruments to perform first measurement of variables under study and to document changes in population effected by Healthy Communities project
7	Beginning of actions	Initiation of basic intervention actions proposed by primary group through systematic and reflective circular educational process
8	Growth of educational process	Configuration, implementation, and sustainability of local work networks within process, highlighting the value of the population's culture in them
9	Bimonthly measurement of variables	Application of quantitative instruments to carry out measurement and follow-up of variables under study
10	Quantitative evaluation at end of project	Application of quantitative instruments to perform final measurement of variables under study

Methodological Component of Systematization

In December of 2016, at the end of the process of intervention, the group of researchers and health authorities at local, regional, and state levels considered it important to come up with a critical interpretation of the Healthy Community project that would make it possible to learn from the experience of incorporating the scientific method in a health promotion project at the municipal level, objectify the experiences, and analyze them, posing as the objective of the systematization to understand the implications, opportunities, and challenges when incorporating the research into the Healthy Community project, such as actions of health promotion with respect to the SDH, applying the methodological proposal of Oscar Jara. The methodological moments of work are described in Table 13.2 (Santos 2011).

Table 13.2 Methodological moments of the systematization process

No.	Moment	Description
1	Elaboration of systematization plan	Agreements between local health staff, health authorities, and researchers to propose systematization of experience in incorporating the scientific method into a Healthy Communities project, considering the following elements:
		– Records of experience: documented protocol, database analysis, field diaries, work materials with population, activity reports, minutes of agreements and meetings, workshop memories, photographs, and so forth
		– Definition of moments and place of work
2	Definition of aspects to be systematized	From the experience, the researchers defined that the objective of the systematization was "to understand the implications, opportunities, and challenges of incorporating research into projects of healthy communities, such as actions of health promotion against SDH"`
		To participate in the systematization, key individuals who had participated in an educational process in an activity related to the research were considered:
		– Management staff of local, regional, and state health
		– Local health staff
		– Representative of population and other sectors
		– Research team
3	Recovery of lived process	First session: A facilitator of the process (research team) guided the process with all the participants to rebuild the story from a graphic chronology; using the "snake" technique, by drawing on paper the silhouette of a snake, they wrote on the tail the start date of the process and on the head the end date. Inside the snake significant moments of the research process were placed and above each one of them, the difficulties experienced and under them the facilitators, guiding the facilitator of the process, the organization and classification of information with the participation of all stakeholders
		Second session: Following the organization of information, in two discussion tables approved by all attendees, each moment was reflected with its difficulties and facilitators, trying to determine the logic of the process, putting in order the disorganized knowledge and dispersed perceptions of the first part
4	Deep analysis	Third and fourth sessions: The researchers formulated the critical interpretation of the data, taking as conceptual framework the SDH, the categories of analysis being described by other studies: theoretical debate on the relationship between social inequalities and health and multidimensional perspectives in its approach, measurement, and follow-up (Santos 2011)
5	Arrival points	(a) Elaboration and writing of lessons learned, conclusions, and recommendations achieved by incorporating the scientific method into health promotion projects at the local level

Lessons learned when incorporating the research into a Healthy Communities project: To better understand the lessons learned from this experience, they are presented in three aspects: implications, opportunities, and challenges in incorporating the scientific method into Healthy Communities projects as actions of health promotion against SDH (Tables 13.3, 13.4, and 13.5)

Table 13.3 Opportunities to incorporate the scientific method into Healthy Communities projects as actions to promote health against SDH

No.	Reflective axis	Description
1	Document effectiveness of actions against SDH	– It allows rethinking and understanding the nature of the projects in the municipal scope: sociocultural processes of education, reflection, consciousness, and mobilization at personal and group levels, seeking to transform a social reality through empowerment and networking, strengthening the social fabric at different levels of action for the generation of changes toward a reality desired by the population
		– Let the population know and reflect on their achievements, scope, and limitations when implementing and participating in a Healthy Communities project
		– Contribute to the generation of mechanisms (guides, manuals, certificates, evaluation instruments, technical documents, among others) for the qualification and understanding of health promotion strategies, generating practical knowledge that feeds the processes and can be resumed or replicated in other contexts
		– Opportunity to spread the findings and be able to consolidate a theoretical and conceptual framework of the practice of promotion at the municipal level, to modify the SDH
		– The possibility to step away from institutionalized governmental processes, to move to the generation of knowledge in a different way, recovering the sense of practice and generating possible processes of theorization that deepen the experience and facilitate the incorporation of new visions and interpretations
2	Learning and training of work and health teams	– Opportunity to generate integrated work at the institutional level, that is, to link the actions carried out in isolation by the health team (doctor, nutritionist, nurse, and health promoter), as well as local, regional, and state level management, allowing a mutual enrichment of what each one performs, giving direction and meaning to the entire intervention project to achieve the final objective
		– Allow mechanisms for health teams participating in Healthy Communities projects to identify, document, and analyze their achievements, difficulties (risks and threats), and coping mechanisms in order to recover and socialize these learning processes and be able to apply them in future projects
		– Opportunity to understand health promotion by health professionals as a process of social mobilization that involves empowering the population, emphasizing groups in conditions of vulnerability or difficult access

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Table 13.3 (continued)

No.	Reflective axis	Description
3	Incorporation of new elements for decision making	– Opportunity to socialize the results of the intervention project through exercises of transfer and the use of results, with local stakeholders and above all with decision makers from different sectors that are involved (e.g., education, health, social development, economy), allowing them to understand the nature and scope of health promotion, consolidating better management processes, and, above all, giving identity to the rectory of health promotion in actions against the SDH
4	Document the role of women in social development processes	– Possibility of documenting how the processes of health promotion make evident the overcoming of limitations and the breaking of social invisibility of the leading role of rural women in local development, highlighting the decision making between men and women, with the establishment of new forms of empowerment between them

Table 13.4 Implications to consider in the incorporation of the scientific method into the Healthy Communities projects as actions of health promotion against the SDH

No.	Reflective axis	Description
1	Development of skills and competencies for research	– Health professionals, at their three levels (state, regional, and local), must have training or experience in public health research, since otherwise they show a distant attitude and lack of interest in the processes of the scientific method, especially in evaluation, systematization, and follow-up
		– The research team must have the knowledge and skills to be able to transfer theory and research findings into more effective public policies
		– It is necessary that in the Healthy Communities projects those responsible for incorporating the scientific method be creative and flexible, have leadership qualities, and be capable of making decisions
2	Assurance of resources necessary for the sustainability of the research	– Consider that the budget should be not only for infrastructure and materials for health education actions but also resources for monitoring, evaluation, and systematization of the intervention process; otherwise, the feasibility of documenting the effectiveness of the intervention in the medium and long terms with the scientific method would be at risk
		– The universities that participated as external evaluators of the participatory process should be involved in the design and implementation, not only at the end of the evaluation, which allows them to understand the process in its entirety, taking into account the opinions of the population and other stakeholders participation
		– The research team should be integrated into the intervention project from design to final systematization and consider the costs involved in the Healthy Communities project budget; otherwise, no resources will be available from other sources to carry out this scientific work

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Table 13.4 (continued)

No.	Reflective axis	Description
3	Use of methodologies with a transformative critical perspective	– Researchers need to define methodological and theoretical constructs that respond to the nature of Healthy Communities projects and, above all, to the health problems of a globalized world, assumptions on which the communicative strategies of health and social development allow the people to have a critical view of the conditions in which they live, that is, identify the sociocultural, biological, economic, and geographical aspects that condition health and disease. Some of these theoretical and methodological constructs are popular education, community psychology, liberation theology, Participatory Action Research, among others, leaving behind traditional models that focus on only influencing individual risk factors
4	Involvement of all actors in the health promotion process	– In the design and implementation of research, as well as in the reflection on, analysis of, and dissemination of findings, all social actors (individual or collective) should be involved, locally defining objectives and work plans, starting from a point at which all want to act, taking into account the elements of the context that allow the scientific method to include the biological character, but also the sociocultural, economic, and political nature of health, taking into account all actors involved, and be able to awaken in them a critical vision of their reality with the generation of networks for local territorial management
5	Modification of program operating guidelines	– In the guidelines for the implementation of Healthy Communities projects, it will be important to consider two modifications: (1) temporality to spend resources: it is important to extend the time to spend the resources of the project, since currently the established times are short (months) and do not allow in the long term, contemplate expenses that are generated as participants' needs when participating in the project and (2) document sustainability and effectiveness of the project: clear mechanisms should be established in the call to document the effectiveness of the intervention and the sustainability of the project, with a minimum of two years of implementation, having to build indicators of results and not only of process, as well as a methodological proposal to systematize the experience
6	Ethical considerations in research processes	– The application of the scientific method at the municipal level must take into account that these projects use a methodology that facilitates social mobilization, which can be used in political campaigns by people who want to be elected as mayor, which can generate conflicts of opinion and tensions between population groups, creating divisions and hindering social mobilization, as well as not reaching the objectives established by the research team, but without the generation of a process that helps the organization and social awareness to modify their living conditions
		– When incorporating the scientific method into the Healthy Communities projects, these will be evaluated and dictated by a committee of research and ethics, ensuring that all the actions carried out are in accordance with current regulations in the field of research, highlighting the respect for the integrity of the people involved and respect for the desire for transformation, autonomy, and freedom to act

Table 13.5 Challenges with the incorporation of the scientific method into the Healthy Communities projects as actions of health promotion to modify the SDH

No.	Reflective axis	Description
1	Research work with multidisciplinary teams	– All the conceptual and theoretical constructs of the research process must be analyzed by multidisciplinary teams, which allows building, feedback, and projecting the entire process within the framework of the SDH when considering the diversity of approaches that can be used in Healthy Communities projects
		– The multidisciplinary work must be dynamic, open, and participatory, generating proposals that go beyond their technical and operational aspects and are revitalized from social, cultural, and political processes, producing a constant renewal and integration of knowledge and skills of research teams
2	Favor the evaluation and formulation of public policies	– The research findings should become valuable input for the reflection, evaluation, and reconfiguration of public policies (taking decisions that take into account the evidence), especially those that are linked to social development, since currently the paternalistic attitude of the government is evident, which has changed the conception and sense of actions, without giving voice and vote to the citizens to decide on the construction of their health
		– These evaluation processes should analyze SDH within the social, historical, and cultural context of the population where it is implemented, since interaction between social actors and institutional actors makes it possible to discuss the assumptions of the role of each member of society when generating questions in the form of creating and applying a social program
		– It should be understood that the evaluation processes of Healthy Communities actions address not only the medium- and long-term effects but also the evolution and meaning of the whole process, ensuring that these evaluation actions are participatory and with affordable costs for those who cover them
		– The research with a critical-participatory approach should be seen as an opportunity to understand from locals the way in which globalization has delinked the institutions of the various social actors, also giving elements to the governments to analyze the economic aspects against the sociocultural and to generate actions of social development, but above all, to propose creating a strategic plan and the political and cultural democratization of knowledge embodied in the projects of Healthy Communities
3	Cross-sectoral research	– Find a way to generate research in Healthy Communities projects that integrates the different sectors that have a direct or indirect relationship with the subject to be addressed, emphasizing the management and exchange of knowledge generated throughout the process
		– To ensure that research is conducted as a tool that promotes equity, understanding, and an integral approach to SDH, a strategic and scientific approach to creating more reflective cross-sectoral debates on health promotion processes, as opposed to social development, must be developed above all to provide evidence of the benefits that decision makers wish to know

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Table 13.5 (continued)

No.	Reflective axis	Description
4	Assess the moments and difficulties for the development of research	– Past experiences of organization at the local level should be taken into account without concrete achievements, as the population shows a lack of interest in starting a new project that involves social mobilization
		– Some municipal intervention projects, being of a multidimensional nature, with diverse interventions by different sectors and social actors, run the risk of dividing the process, not consolidate efforts, and end up identifying in an established way the effects that each participant managed to obtain
		– The research team must be integrated at all times with the diverse social actors involved in the management and implementation of the Healthy Communities project; otherwise it may present difficulties to understand the language of research, the times and resources that are required to carry out the study, and, above all, the way to articulate the scientific method with a project of social and political action
		– The campaign times of political parties for presidential elections put at risk community participation, as they create an environment of division and uncertainty to join projects proposed by the current government. Likewise, there is a risk that political parties will resume the actions of the Healthy Communities project as spaces of political campaign against the population
		– In community intervention projects, where the aspects of empowerment and community capacity building vis-à-vis the SDH are not visible for local government, it will be more difficult to monitor and demonstrate the long-term effects through the scientific method
		– In some regions of the state and of the country, the integrity and safety of the research team will be at risk due to illicit local practices, social movements that in some way influence the dynamics of health promotion processes. This situation must be considered from the planning of the proposal of the Healthy Communities project since this will guide the relevance of incorporating the participatory scientific method, which implies greater penetration and involvement with social dynamics and a work of at least 2 years visiting the population while ensuring the necessary conditions for the safety of all participants

Conclusions

The incorporation of the scientific method into the Healthy Communities strategy, from a critical theoretical perspective, enables the generation of knowledge from the processes of health promotion and not about them, taking into account the different contextual political, social, cultural, and historical elements that happen together with the actions of territorial management against the SDH. Likewise, research can be assumed by the Healthy Communities projects as an opportunity to identify and document the mechanisms that make it possible to describe how the actions of local government in conjunction with the population and the various sectors allow to reduce inequities, in a seedbed of conceptual and theoretical referents that shape and give meaning to the practice of health promotion in the municipal sphere in the country.

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